

Please type a plus sign (+) inside this box →

SUBSTITUTE FOR PTO/SB/01 (12-97)

Approved for use through 9/30/00 OMB 0651-0032

Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number

**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**

Declaration  
Submitted  
With Initial  
Filing

OR

Declaration  
Submitted after Initial  
Filing (surcharge  
(37 CFR 1.16 (e))  
required)

|                          |  |                   |
|--------------------------|--|-------------------|
| Attorney Docket Number   |  | 032167.0001       |
| First Named Inventor     |  | Whalen, Michael J |
| <b>COMPLETE IF KNOWN</b> |  |                   |
| Application Number       |  |                   |
| Filing Date              |  | November 9, 2001  |
| Group Art Unit           |  |                   |
| Examiner Name            |  |                   |

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled

**PORTABLE CONTAINER FOR PAINT, ROLLER AND BRUSH**

the specification of which

*(Title of the Invention)*

is attached hereto

OR

was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

Application Number

and was amended on (MM/DD/YYYY)

(if applicable)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed

| Prior Foreign Application Number(s) | Country | Foreign Filing Date (MM/DD/YYYY) | Priority Not Claimed     | Certified Copy Attached?                                 |
|-------------------------------------|---------|----------------------------------|--------------------------|--|
|                                     |         |                                  | <input type="checkbox"/> | <input type="checkbox"/> YES <input type="checkbox"/> NO |
|                                     |         |                                  | <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/>        |
|                                     |         |                                  | <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/>        |
|                                     |         |                                  | <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/>        |

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

| Application Number(s) | Filing Date (MM/DD/YYYY) | <input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto. |
|-----------------------|--------------------------|--|
| <input type="text"/>  | <input type="text"/>     | <input type="checkbox"/>   |

[Page 1 of 2]

Burden Hour Statement This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box →

SUBSTITUTE FOR PTO/SB/01 (12-97)

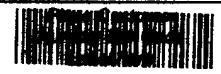
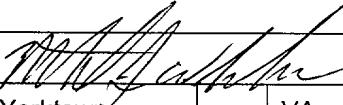
Approved for use through 9/30/00 OMB 0651-0032

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

## DECLARATION - Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

| U.S. Parent Application or PCT Parent Number  | Parent Filing Date<br>(MM/DD/YYYY)  | Parent Patent Number<br>(if applicable)                                       |                        |         |                    |             |     |
|---|---|---|------------------------|---------|--------------------|-------------|-----|
|   |   | 22467   |                        |         |                    |             |     |
| <input type="checkbox"/> Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.  |   |   |                        |         |                    |             |     |
| As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: <input type="checkbox"/> Customer Number <input type="text"/> → <input checked="" type="checkbox"/> Registered practitioner(s) name/registration number listed below                 |   |   |                        |         |                    |             |     |
| Name  | Registration Number   | Name  | Registration Number    |         |                    |             |     |
| Kimberly A. Chasteen  | 36,755  |   |                        |         |                    |             |     |
| <input type="checkbox"/> Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto   |   |   |                        |         |                    |             |     |
| Direct all correspondence to: <input checked="" type="checkbox"/> Customer Number <input type="text"/> OR <input checked="" type="checkbox"/> Correspondence address below  |   | or Bar Code Label   |                        |         |                    |             |     |
| Name  | Kimberly A. Chasteen  |   |                        |         |                    |             |     |
| Address   | Williams Mullen Clark & Dobbins   |   |                        |         |                    |             |     |
| Address   | One Old Oyster Point Road, Suite 210  |   |                        |         |                    |             |     |
| City  | Newport News  | State   | VA                     | ZIP     | 23602              |             |     |
| Country   | U.S.A.  | Telephone   | (757) 249-7102         |         | Fax (757) 249-5109 |             |     |
| I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. |   |   |                        |         |                    |             |     |
| Name of Sole or First Inventor  |   | <input type="checkbox"/> A petition has been filed for this unsigned inventor |                        |         |                    |             |     |
| Given Name (first and middle if any)  |   |   | Family Name or Surname |         |                    |             |     |
| Michael J.  |   |   | Whalen                 |         |                    |             |     |
| Inventor's Signature  |  |   |                        |         | Date               | 11-07-01    |     |
| Residence: City   | Yorktown  | State   | VA                     | Country | USA                | Citizenship | USA |
| Post Office Address   | 905 Showalter Road  |   |                        |         |                    |             |     |
| Post Office Address   |   |   |                        |         |                    |             |     |
| City  | Yorktown  | State   | VA                     | ZIP     | 23692              | Country     | USA |
| <input checked="" type="checkbox"/> Additional inventors are being named on the <u>1</u> supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto  |   |   |                        |         |                    |             |     |

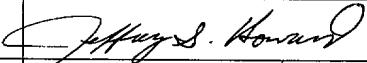
Please type a plus sign (+) inside this box → 

Approved for use through 09/30/98 OMB 0651-0032

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**DECLARATION****ADDITIONAL INVENTOR(S)****Supplemental Sheet****Page 1 of 1**

|   |   |   |    |                |       |                    |             |                 |
|---|---|---|----|----------------|-------|--------------------|-------------|-----------------|
| <b>Name of Additional Joint Inventor, if any:</b> |   | <input type="checkbox"/> A petition has been filed for this unsigned inventor |    |                |       |                    |             |                 |
| Given Name (first and middle [if any])            |   | Family Name or Surname  |    |                |       |                    |             |                 |
| Jeffrey S.  |   | Howard  |    |                |       |                    |             |                 |
| <b>Inventor's Signature</b>                       |  |   |    |                |       |                    | <b>Date</b> | <u>11/07/01</u> |
| <b>Residence: City</b>                            | Yorktown  | <b>State</b>  | VA | <b>Country</b> | USA   | <b>Citizenship</b> | USA         |                 |
| <b>Post Office Address</b>                        | 115 Harlan Drive  |   |    |                |       |                    |             |                 |
| <b>Post Office Address</b>                        |   |   |    |                |       |                    |             |                 |
| <b>City</b>                                       | Yorktown  | <b>State</b>  | VA | <b>Zip</b>     | 23692 | <b>Country</b>     | USA         |                 |
| <b>Name of Additional Joint Inventor, if any:</b> |   | <input type="checkbox"/> A petition has been filed for this unsigned inventor |    |                |       |                    |             |                 |
| Given Name (first and middle [if any])            |   | Family Name or Surname  |    |                |       |                    |             |                 |
|   |   |   |    |                |       |                    |             |                 |
| <b>Inventor's Signature</b>                       |   |   |    |                |       |                    | <b>Date</b> |                 |
| <b>Residence: City</b>                            |   | <b>State</b>  |    | <b>Country</b> |       | <b>Citizenship</b> |             |                 |
| <b>Post Office Address</b>                        |   |   |    |                |       |                    |             |                 |
| <b>Post Office Address</b>                        |   |   |    |                |       |                    |             |                 |
| <b>City</b>                                       |   | <b>State</b>  |    | <b>Zip</b>     |       | <b>Country</b>     |             |                 |
| <b>Name of Additional Joint Inventor, if any:</b> |   | <input type="checkbox"/> A petition has been filed for this unsigned inventor |    |                |       |                    |             |                 |
| Given Name (first and middle [if any])            |   | Family Name or Surname  |    |                |       |                    |             |                 |
|   |   |   |    |                |       |                    |             |                 |
| <b>Inventor's Signature</b>                       |   |   |    |                |       |                    | <b>Date</b> |                 |
| <b>Residence: City</b>                            |   | <b>State</b>  |    | <b>Country</b> |       | <b>Citizenship</b> |             |                 |
| <b>Post Office Address</b>                        |   |   |    |                |       |                    |             |                 |
| <b>Post Office Address</b>                        |   |   |    |                |       |                    |             |                 |
| <b>City</b>                                       |   | <b>State</b>  |    | <b>Zip</b>     |       | <b>Country</b>     |             |                 |

Burden Hour Statement. This form is estimated to take 0 4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231 DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS SEND TO: Assistant Commissioner for Patents, Washington, DC 20231

Please type a plus sign (+) inside this box →

PTO/SB/81 (02-01)

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE  
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it display a valid OMB control number.

## POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

|                        |                          |
|------------------------|--------------------------|
| Application Number     |                          |
| Filing Date            | November 9, 2001         |
| First Named Inventor   | Whalen, Michael J.       |
| Title                  | Portable Container . . . |
| Group Art Unit         |                          |
| Examiner Name          |                          |
| Attorney Docket Number | 032167.0001              |

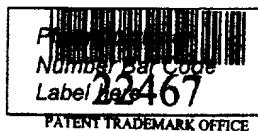
I hereby appoint:

Practitioners at Customer Number

OR

Practitioner(s) named below:

| Name                 | Registration Number |
|----------------------|---------------------|
| Kimberly A. Chasteen | 36,755              |
|                      |                     |
|                      |                     |
|                      |                     |



as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

The above-mentioned Customer Number.

OR

Practitioners at Customer Number

Place Customer  
Number Bar Code  
Label here

OR

Firm or  
Individual Name

Address

Address

City

State

Zip

Country

Telephone

Fax

I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

### SIGNATURE of Applicant or Assignee of Record

Name  Jeffrey S. Howard

Signature

Date  11/07/01

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*

\*Total of  2 forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO Assistant Commissioner for Patents, Washington, D.C. 20231

Please type a plus sign (+) inside this box →

PTO/SB/81 (02-01)

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office; U S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it display a valid OMB control number

## POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

|                        |                          |  |
|------------------------|--------------------------|--|
| Application Number     | November 9, 2001         |  |
| Filing Date            | Whalen, Michael J.       |  |
| First Named Inventor   | Portable Container . . . |  |
| Title                  |                          |  |
| Group Art Unit         |                          |  |
| Examiner Name          |                          |  |
| Attorney Docket Number | 032167.0001              |  |

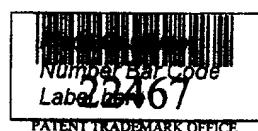
I hereby appoint:

Practitioners at Customer Number

OR

Practitioner(s) named below:

| Name                 | Registration Number |
|----------------------|---------------------|
| Kimberly A. Chasteen | 36,755              |
|                      |                     |
|                      |                     |
|                      |                     |



as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

The above-mentioned Customer Number.

OR

Practitioners at Customer Number

Place Customer  
Number Bar Code  
Label here

OR

Firm or  
Individual Name

Address

Address

City

State

Zip

Country

Telephone

Fax

I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.

*Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).*

### SIGNATURE of Applicant or Assignee of Record

|           |                   |
|-----------|-------------------|
| Name      | Michael J. Whalen |
| Signature |                   |
| Date      | 11-7-01           |

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

\*Total of 2 forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U S Patent and Trademark Office, Washington DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS SEND TO Assistant Commissioner for Patents, Washington, DC 20231

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**STATEMENT CLAIMING SMALL ENTITY STATUS  
(37 CFR 1.9(f) & 1.27(b))—INDEPENDENT INVENTOR**
Docket Number (Optional)  
032167.0001

Applicant, Patentee, or Identifier: Whalen, Michael J. and Howard, Jeffrey S.

Application or Patent No.:

*Filed: November 9, 2001*

Filed or Issued:

Title: PORTABLE CONTAINER FOR PAINT, ROLLER AND BRUSH

As a below named inventor, I hereby state that I qualify as an independent inventor as defined in 37 CFR 1.9(c) for purposes of paying reduced fees to the Patent and Trademark Office described in:

- the specification filed herewith with title as listed above.
- the application identified above.
- the patent identified above.

I have not assigned, granted, conveyed, or licensed, and am under no obligation under contract or law to assign, grant, convey, or license, any rights in the invention to any person who would not qualify as an independent inventor under 37 CFR 1.9(c) if that person had made the invention, or to any concern which would not qualify as a small business concern under 37 CFR 1.9(d) or a nonprofit organization under 37 CFR 1.9(e).

Each person, concern, or organization to which I have assigned, granted, conveyed, or licensed or am under an obligation under contract or law to assign, grant convey, or license any rights in the invention is listed below:

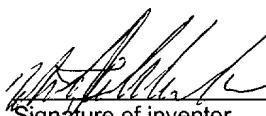
- No such person, concern, or organization exists.
- Each such person, concern, or organization is listed below.

Separate statements are required from each named person, concern, or organization having rights to the invention stating their status as small entities. (37 CFR 1.27)

I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate. (37 CFR 1.28(b))

Michael J. Whalen

NAME OF INVENTOR



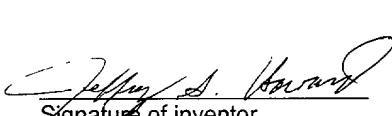
Signature of inventor

*11-07-01*

Date

Jeffrey S. Howard

NAME OF INVENTOR

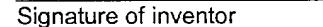


Signature of inventor

*11/07/01*

Date

NAME OF INVENTOR



Signature of inventor



Date

Burden Hour Statement This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231 DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS SEND TO Assistant Commissioner for Patents, Washington, DC 20231